

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11622 (2)

1. Corporation Name

CERTIFIED POOL MECHANICS, INC.

Principal Place of Business

24280 S TA.O.A.O TR  
BONITA SPRINGS FL 33923  
US

Mailing Address

24280 S TAMiami TR  
BONITA SPRINGS FL 34134-7045  
US

3. Date Incorporated or Qualified

08/23/1989

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0150977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILLIAM R P.A.  
8191 COLLEGE PARKWAY  
SUITE 300  
FT MEYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEDPS  
KNIGHT, STEEVEN  
1206 HEMINGWAY  
FT MEYERS FL1.1 TITLE ☐ Change ☐ AdditionNAME ☐ DELETEDT  
KELLEY, MARTIN J  
176 SOUTH COLLIER BLVD  
MARCO ISLAND FL1.2 NAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ DELETE

CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.5 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.6 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.7 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.8 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.9 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.10 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.17 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.18 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.19 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

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2.20 CITY-ST-ZIP ☐ Change ☐ AdditionCITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/97

941-992-9096

CR2E034 (9/96)